

Appl. No. 10/459,928
Request for Refund dated Jan. 20, 2009

2009 JAN 21 PM 3:40

Appl. No. : 10/730,406
Applicant : Darrell J. Atwood
Filed : 12/08/2003
Title : DISPLAY CASE WITH VIEWABLE PACKAGING STORAGE
AREA
TC/A.U. : 3637
Examiner : Timothy Michael Ayres
Docket No. : 169-PA-0103

Honorable Commissioner for Patents
Washington DC 20231

REQUEST FOR REFUND OF FEES

Sir:

The aforementioned application is now abandoned after revival and the payment of the issue and publication fees totaling \$1000, see attached.

The Commissioner is hereby authorized to refund any remaining fees paid in connection with the filing of the petition for revival of an unintentionally abandoned application.

A refund of this fee is hereby requested to be paid directly to James M. Francis, address follows:

James M. Francis
300 West Vine Street
Suite 2100
Stoll Keenon Ogden PLLC
Lexington, KY 40515

Adjustment date: 02/10/2009 CKHLOK
09/21/2006 DTERRY 00000006 10730406
01 FC:1999 -1000.00 OP

Refund Ref:
02/10/2009 CKHLOK 0000166087

CHECK Refund Total: \$1000.00

Appl. No. 10/459,928
Request for Refund dated Jan. 20, 2009

Respectfully submitted,

By s/jim francis/

James M. Francis
Registration No. 52,909

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>2-2-09</u>	2 Serial/Patent # <u>18/1730406</u>								
3 Please refund the following fee(s):									
Filing	4 PAPER NUMBER								
Amendment	5 DATE FILED								
Extension of Time	6 AMOUNT								
Notice of Appeal/Appeal	\$								
Petition	\$								
Issue	\$								
Cert of Correction/Terminal Disc.	\$								
Maintenance	\$								
Assignment	\$								
Other	<u>8-31-06</u> \$ <u>1000</u>								
10 REASON:									
Overpayment	7 TOTAL AMOUNT OF REFUND <u>1,000</u> \$ <u>000</u>								
Duplicate Payment	8 TO BE REFUNDED BY: <input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: 9 <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
No Fee Due (Explanation): <u>Partial Payment</u>									
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>Karen Creasy</u>		TITLE: <u>Petitions Examiner</u>							
SIGNATURE: <u>/Karen Creasy/</u>		PHONE: <u>2-3208</u>							
OFFICE: <u>Petitions</u>		***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****							
APPROVED: <u>CRB/K</u>		DATE: <u>2/10/09</u>							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B